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**CAREAGE**

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RE: Nursing Home Established Ratio Rule Making

*Via e-mail: Yvette.fox@doh.wa.gov*

Dear Ms. Fox:

Thank you for the opportunity to again comment on the proposed change to the established nursing home bed ratio. As Careage has previously stated, we are very much opposed to the change as it essentially creates a moratorium, for many years to come, on new nursing home beds. This is not in the best interests of the citizens of this state. We have now had the opportunity to review other letters that have been submitted regarding this issue and have the following comments:

1. While WAHSA's October 10, 2007 letter supports the proposed change, even they note "...there seems to be little rationale behind the use of 40 beds per 1,000 persons as the numerator to determine projected bed need...". It really makes no sense to change only  $\frac{1}{2}$  of an equation as the Department proposes. WAHSA goes on to note that they understand that "...the department may quickly revise the rule again if the need for nursing home bed capacity exists prior to 2015." These statements strongly suggest that the current change is really about attempting to ensure no new beds before 2015, as opposed to finding the right ratio (both numerator and denominator) that balances access to nursing facility beds and the home and community based long term care system. This is of concern. If the State and certain industry sectors want to put forth a moratorium on any new nursing home beds for the next eight years, they should make this clear, rather than attempting to obfuscate it behind a policy which they suggest is simply an attempt to more accurately align age of users and supply.

We do however concur with WAHSA's conclusion that the Certificate of Capital Authorization (CCA) process needs to be changed, and strongly encourage the convening of a body or process to address this problem.

2. Even DSHS's October 3, 2007 letter by Kathy Leitch agrees that there are problems with access for current population groups and communities throughout the State. Their response to this problem is however an unsatisfactory "*we are committed to working with policymakers to... develop state policy.. to help...*". To move forward with a change in the bed to population ratio without simultaneously addressing the access issues (and the problem with the current CCA process) can result in drastic and unintended consequences. Careage does not purport to know what the correct ratio should be; rather we are encouraging a



process wherein the ratio be considered along with the other policy changes needed to ensure appropriate and timely access.

3. Finally, we note that the letters from the Washington State Hospital Association and from various hospitals which serve as the entrance point for many of our residents into nursing home care (albeit for a short sub-acute timeframe or for residential placement), have expressed concern about the change in ratio without a more global well-researched data-driven analysis on the impact to the larger health care delivery system.

We again encourage the Department to engage in a formal, and data-based analysis of the correct bed ratio prior to moving forward with a change that could have a deleterious impact on skilled nursing access and quality within Washington State. It should also be noted that this very ratio, now proposed by the Department, was put in front of the legislature during the 2007 legislative session where, perhaps because of the same fundamental flaws that many are now commenting on, it failed to be adopted. Evidence and data can inform and improve this process. The collection, analysis and discussion of this information should be encouraged, as it will ultimately ensure a better delivery system.

Sincerely,  
Careage



Art Heitlauf, CEO